

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2011 JUL 19 AM 9:11

COMMITTEE NAME (Must be same as on Statement of Organization)Committee to elect Greg Graver SheriffIMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Greg Graver

Political Party (if applicable)

Republican

Office Sought

Sheriff

District (if Senate or House)

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Greg Graver
SIGNATURE OF PERSON FILING REPORT

(319) 480-5378
TELEPHONE

7-18-11
DATE SIGNED

I AM FILING A

7-19-11

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒special☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

Jones**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

600.00

Schedule F: Loans Received total (Attach Schedule F)

200.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

800.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0

Schedule F: Loan Repayments total (Attach Schedule F)

0**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$

800.00****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

200.00****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

442.17****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

200.00**CONSULTANT BREAKDOWN** (Schedule G Attached?)YES ☒ NO**CANDIDATE COMMITTEES ONLY:****VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

0**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to elect Greg Graver Sheriff

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7-08-11	ID# CK#	Tim Malchow 630 S. Sycamore St. Monticello, IA 52310	None	\$ 100.00	<input type="checkbox"/>
7-11-11	ID# CK#	Sue Fuhrmeister 52320 402 Jackson St Olin, IA	Aunt	\$ 150.00	<input type="checkbox"/>
7-15-11	ID# CK#	Harvey Hall Cedar Rapids 310 2nd Ave S.W. IA,	None	\$ 250.00	<input type="checkbox"/>
7-15-11	ID# CK#	Brian Tate 52310 Park Dr Monticello, IA	None	\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 600.00

TOTAL (If last page of this schedule)

\$ 600.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Greg Graver Sheriff

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7-08-11	Lone Star Printing 18473 E-17 Monticello, IA 52310	Campaign Flyers	\$ Not Billed yet
			\$200.00 Estimated -BW
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 200.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Greg Graver Sheriff

Rec'd from

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-02-11	Greg Graver 52310 17487 Indigo Rd Monticello, IA	NA	5 sheets of plywood	\$ 25.00	<input type="checkbox"/>
7-02-11	Greg Graver Monticello, 17487 Indigo Rd IA 52310	NA	Painting supplies	\$26.21	<input type="checkbox"/>
7-07-11	Greg Graver Monticello 17487 Indigo Rd IA 52310	NA	Campaign shirts	\$52.48	<input type="checkbox"/>
7-14-11	Glenn Graver Anamosa, 205 S. Ford St IA 52205	Father	20 sheets of plywood	\$100.00	<input type="checkbox"/>
7-14-11 7-16	Glenn Graver Anamosa, 205 S. Ford St IA 52205	Father	Paint	\$160.00	<input type="checkbox"/>
7-16-11	Greg Graver Monticello, IA 17487 Indigo Rd 52310	NA	Paint supplies	\$78.48	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 442.17

TOTAL (if last
page of this
schedule)

\$ 442.17

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 7 of 7
(for Schedule E)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Greg Graver Sheriff

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
7-08-11	Greg Graver 17487 Indigo Rd Monticello, IA 52310	NA	\$ 200.00

TOTAL (PART I)

\$ 200.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 200.00

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Page 1 of 1
(for Schedule F)